

NOMINATION FORM FOR PARTICIPATION
ON NELAP ASSESSMENT TEAM

Individuals must submit a self-nomination. Please provide the following information in the format and order that is presented below. If you have questions, call Lara Autry, NELAP Director, at 919/541-5544. (*See bottom form for the address to send the application.*)

1. General Information

Nominee's Name: ___Ms. ___Mr. ___Dr. _____
Title: _____
State/Federal Agency: _____
Program Name: _____
Address: _____
State: _____ Zip: _____
E-mail: _____
Telephone: _____ Fax: _____

2. Area(s) of Expertise

Indicate those areas for which you would be qualified as an assessor:

_____ accreditation program overview
_____ organic chemistry
_____ inorganic chemistry
_____ microbiology
_____ whole effluent toxicity
_____ radiochemistry
_____ other (specify) _____

3. Criteria for Selection

Criteria for NELAP assessors are presented below. Please explain briefly how the nominee meets these criteria.

The nominee has the ability to:

- Represent a state or federal agency;
- Travel to the state/federal program or laboratory;
- Communicate well both orally and in written format;
- Commit the needed amount of time to complete the assessment; and
- Understand the NELAC process and the technical and policy issues pertaining to national environmental accreditation.

4. Individual Qualifications

Attach a summary of the qualifications (background and experience) of the nominee to serve on this committee. A brief resume can be used in lieu of this information.

5. Resource Needs

Indicate whether the nominee will need additional resources to compensate for travel for the on-site inspection of the applicant accrediting authority or laboratory. Note: the time each assessor will not be recompensed. Also, the applicant accrediting authority, not NELAP, will provide any reimbursement for travel expenses. EPA will provide all expenses for EPA assessors, with no additional expenses to the accrediting authority.

- ☐ Travel expenses are not needed
☐ Travel expenses are needed
 ☐ Airfare only
 ☐ Airfare and hotel only
 ☐ Airfare, hotel, and per diem

6. References

Include the names, addresses and telephone numbers of at least two references who are familiar with the nominees and can discuss his or her abilities and experiences related to the selection criteria outlined above.

Name: _____
Organization: _____
Address: _____
State: _____ Zip: _____
E-mail: _____
Telephone: _____ Fax: _____

Name: _____
Organization: _____
Address: _____
State: _____ Zip: _____
E-mail: _____
Telephone: _____ Fax: _____

Please mail, email, or fax the completed application form and attachment to: Lara Autry, NELAP Director; USEPA (MD-E243-05); 109 TW Alexander Dr.; Research Triangle Park, NC 27709; e-mail autry.lara@epa.gov; or fax 919/541-4261.